PGY1 ONLY FORM

All medical students must apply	y for a minimum of a PGY1 year	r. Please complete the	ne information below:
1. I do / do not wish to be	considered for PGY1 training at a DEF	FERRED Location as m	y first choice for PGY1.
2. I do / do not wish to be	considered for PGY1 training at an AC	TIVE DUTY location a	s my <u>first choice for PGY1.</u>
<u>PG</u>	Y1 ACTIVE DUTY LOCATION	N PREFERENCES	
each PGY1 program (e.g. for Gene	rograms in the order of your prefere ral Surgery, you would rank your loo DXES/BLANKS MUST BE FILLED	cation preferences #1 S	
TRANSITIONAL *	INTERNAL MEDICINE	GENER	AL SURGERY
David Grant	Keesler	David C	irant
SAUSHEC	SAUSHEC	Keesler	
te: HPERB locations not listed here are erved for categorical residencies		Nellis	
		SAUSH	EC
		Wright-	Patterson
ranked my PGY1 choices #1, #2 a	AD program that requires a PGY1 (Ne and #3 (#1 is first choice, #2 second charme location as your specialty training.		
TRANSITIONAL	INTERNAL MEDICINE	GENERAL S	URGERY
4. <u>APPLICANT COMMENTS/REMARKS</u>	: (If applicable)		

THIS FORM IS AFFECTED BY THE PRIVACY ACT OF 1974

 AUTHORITY: 10 USC 3012.
PRINCIPAL PURPOSE(S): To compile information necessary to evaluate an application for military graduate medical education (GME) training.
ROUTINE USES: To evaluate application for professional training in military and civilian facilities (Medical Corps officers only).
MANDATORY OR VOLUNTARY DISCLOSURE: Disclosure of requested information is voluntary, however, without it, consideration for GME cannot be accomplished and GME may not be assured.